

RENTAL APPLICATION

FOR OFFICE USE ONLY

DATE ______ AGENT ____

COMMUNITY _____

APT. NO. _____ RENT \$ ____

The undersigned hereby makes	application to rent apartment numb	located at _		
beginning on	ending on	, at a	monthly rental of \$	
PLEASE TELL US	ABOUT YOURSELF			
NAME OF APPLICANT				
Social Security No	Driver's Lic. No	. & State	D.O.B	□ Over the age of 55
NAME OF CO-APPLICANT			Phone ()
Social Security No	Driver's Lic. No	. & State	D.O.B	Over the age of 55
List All Occupants Under The A	Age of 18 and Date of Birth			
APPLICANT				
Day Phone:	Cel	I Phone:		-
Email Address:				
CO-APPLICANT				
Day Phone:	Ce	I Phone:		-
Email Address:				
Pets ☐ Yes ☐ No Explain	1	How did you hea	r about our property?	
APPLICANT CURRENT EMPLO	JR EMPLOYMENT INI			
	To			
. , , ,	Your Monthly Salary \$			
APPLICANT PREVIOUS EMPL	OYER (Or Most Recent)			
Address			Phone ()
Date(s) Employed / From	To	Position _		
Supervisor	Your Monthly Salary \$		Household Monthy Income \$	
If there are other sources of income you	ou would like us to consider, please list in	come, source and pe	erson (Banker, Employer, etc.) who w	ve could contact for confirmation.
You do NOT have to reveal alimony, o	child support or spouse's annual income	unless you want us t	o consider it in this application.	
Amount \$	Source			

CO-APPLICANT CURRENT EMP	PLOYER (Or Most Recent)					
Address				Phone ()	
Date(s) Employed / From	To	ToPosition				
Supervisor	Your Net Monthly Salary \$ Household Net Monthy Income \$				onthy Income \$	
CO-APPLICANT PREVIOUS EMP	PLOYER					
Address				Phone ()	
Date(s) Employed / From	To	Posi	tion	Supervise	or	
If there are other sources of income you	would like us to consider, please	e list income, source	e and person (Bank	er, Employer, etc.) wh	o we could contact for confirmation.	
You do NOT have to reveal alimony, ch	nild support or spouse's annual i	ncome unless you v	vant us to consider	it in this application.		
Amount \$	Source					
PLEASE GIVE YOU	R CURRENT RE	SIDENCE				
APPLICANT CURRENT ADDRES	SS				Zip Code	
Month & Year Moved In	Reason for Leaving					
Owner or Agent						
CO-APPLICANT CURRENT ADD	RESS				Zip Code	
Month & Year Moved In	Reason for Leaving					
Owner or Agent	Pl	none ()		Monthly	Payment \$	
PLEASE LIST YOUR	R BANK AND CR	EDIT REFE	ERENCES	(APPLICAN	NT/CO-APPLICANT)	
YOUR BANK(S)	City-State/Branch			(Telephone	
1.					·	
2						
YOUR CREDIT REFERENCES	City-State/Branch				Telephone	
1.	City Ctato, 2 tallon					
2						
3						
o						
TOTAL NUMBER OF VEHICLES	(Including Company Vehicl	es)				
Make/Model		Year	Color	Tag	No./State	
Make/Model		Year	Color	Tag	No./State	
Maximum of 2 vehicles alle	owed					
HAVE YOU OR CO-APPLICANT	·	•				
Been evicted or asked to move ou Been sued for damage to property		Declared Bankr	•		□ No	
been sued for damage to property	/! Lifes Lino	Decidied Daliki	upicy? Tes	o □ INO		
Indicate any additional information	that might help manageme	nt evaluate vour	application:			
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Pets are not permitted without the express written permission of the Landlord. Please consult the leasing office with any questions about the property's pet policy and provide your pet's information below:

Pet 1 Name	Breed	Age	Weight	Color				
Pet 2 Name	Breed	Age	Weight	Color				
IN CASE OF PERSONAL	EMERGENCY, NOTIFY:							
Relationship:								
Full Address:								
Home Phone:	Home Phone: Work Phone:							
I, (We) hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the 1st day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of fact the owner or his agent may reject, without stating any reason for so doing, the applicant, thereby waiving any claim for damages by reason of non-acceptance. Upon acceptance of this application, I will have three (3) business days to submit a NON-REFUNDABLE "Holding Fee" in the amount of \$500.00 in the form of a money order, which will be applied towards the first month's rent. If I fail to execute a twelve (12) or sixteen (16) month lease for the above described premises, the "Holding Fee" will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character, and reputation. I recognize that as a part of your procedure for processing my application, an investigative consumer report and a criminal record background check may be prepared whereby information is obtained through personal interviews with my neighbors, friends, and others with whom i may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that i may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. The above information, to the best of my knowledge, is true and correct. Signature of Applicant Date Signed								
Signature of Applicant		Date Signed						

Rossana Rosado Secretary of State

A Division of the New York Department of State

NYS HOUSING AND ANTI-DISCRIMINATION NOTICE

Federal, State and Local Fair Housing and Anti-discrimination Laws protect individuals from housing discrimination. It is unlawful to discriminate based on certain protected characteristics, which include, but are not limited to: race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, age, disability, marital status, lawful source of income or familial status.

THE FOLLOWING ARE SOME EXAMPLES OF POTENTIAL FAIR HOUSING VIOLATIONS:

- Refusing to rent, sell or show a property based on a potential tenant or purchaser's protected characteristic.
- Quoting a higher price to a purchaser or renter because of the potential purchaser or tenant's protected characteristic.
- Refusing to rent to a tenant who has children or increasing a security deposit based on the number of children who will be living in the apartment.
- Steering prospective tenants or purchasers to certain neighborhoods based on any protected characteristics.
- Refusing to rent to a potential tenant because of their source of income, including but not limited to, Section 8 vouchers or other government subsidies.
- Refusing to waive a "no pet" policy for tenants that require a service, assistance or emotional support animal.
- Discriminating at the direction of a seller or landlord or because it is the preference of a seller or landlord.
- Refusing to rent to a renter who is a victim of domestic violence.

YOU HAVE THE RIGHT TO FILE A COMPLAINT

- New York State, Department of State: (518) 474-4429
- New York State, Division of Human Rights: (844) 862-8703

ALBANY OFFICE: One Commerce Plaza, 99 Washington Avenue, P.O. Box 22001, Albany, NY 12201-2001 • Customer Service: (518) 474-4429 • Website: https://dos.ny.gov • E-Mail: licensing@dos.ny.gov

REGIONAL OFFICES:

• BINGHAMTON • BUFFALO • HAUPPAUGE • NEW YORK CITY • UTICA

This sign must be prominently posted in all real estate broker offices and at all public open houses.